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| A   | PPLN. TYPE     | SMALL ENTITY     | 19205 155 005      | POBLICATION FEE DOE   | TREV. TAID ISSUETEE         | TOTAL TEE(B) DOE                             | I BATTE BOB                         |  |
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|   |                | IINER            | ART UNIT           | CLASS-SUBCLASS  | 1                           | , on 10, 10, 10, 10, 10, 10, 10, 10, 10, 10, |                                     |  |
|   | NGUYEN,        | QUYNH H          | 2614               | 379-201060  | 01 FC:1501<br>02 FC:1504    |  | 1400.00 OP<br>300.00 OP             |  |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1 363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. |                |                  |                    | 2. For printing on the patent front page, fist (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |                             | er a <sup>2</sup> _&_DEMPS                   | SQUIRE, SANDERS  2_&_DEMPSEY_L.L.P. |  |
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

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(B) RESIDENCE: (CITY and STATE OR COUNTRY)

| (11)   |  |
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| Ha. The following fee(s) are submitted:  State   State   State    State   State | 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed. CHECK NO. 17106  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-2222 (enclose an extra copy of this form). |
| 5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  NOTE: The Issue Fee and Publication Fee (if required) will not be accessive schools by the records of the United States Patent and Tradem   | b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).  pted from anyone other than the applicant; a registered attorney or agent; or the assignce or other party in ark Office.   |
| Authorized Signature Artene P. Neal  | Date September 24, 2007  Registration No. 43,828   |
| Typed of printed name  |  |

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